



# CDSA ICD-10-CM Training

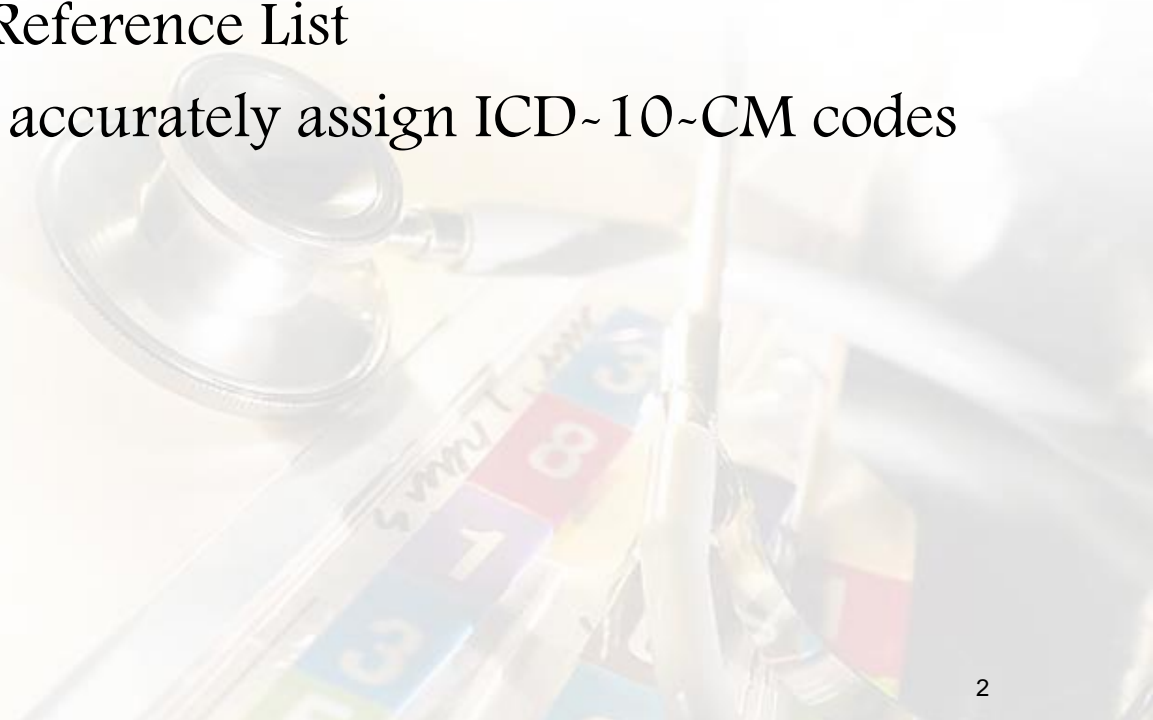
## *Unit 3*

### Using the CDSA Common Diagnosis Reference List





# Training Objectives

1. Understand the process used to develop the CDSA Common Diagnosis Reference List
  2. Understand how to look up diagnoses using the CDSA Common Diagnosis Reference List
  3. Demonstrate how to accurately assign ICD-10-CM codes to CDSA scenarios
- 




# Training Essentials

- The CDSA ICD-10-CM training is broken down into units
  - Staff should review the Training Objectives for each unit to determine the extent of training needed to perform their job functions
  - Staff that want to utilize all of the training should complete the units in sequential order (e.g., Unit 1 then Unit 2, etc.)
- ICD-10-CM Coding Training Workbook for CDSAs
  - <http://www.ncpublichealth.com/lhd/icd10/training.htm>
  - See “CDSA Training Materials”
  - CDSA Common Diagnosis Reference List is in the workbook
- In order to complete the coding exercises in this unit, access to the ICD-10-CM code book or downloads of the 2016 version of ICD-10-CM from the CMS website is needed
  - <http://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html>
- Webinar basics
  - Pause/Play
  - Back/Forward

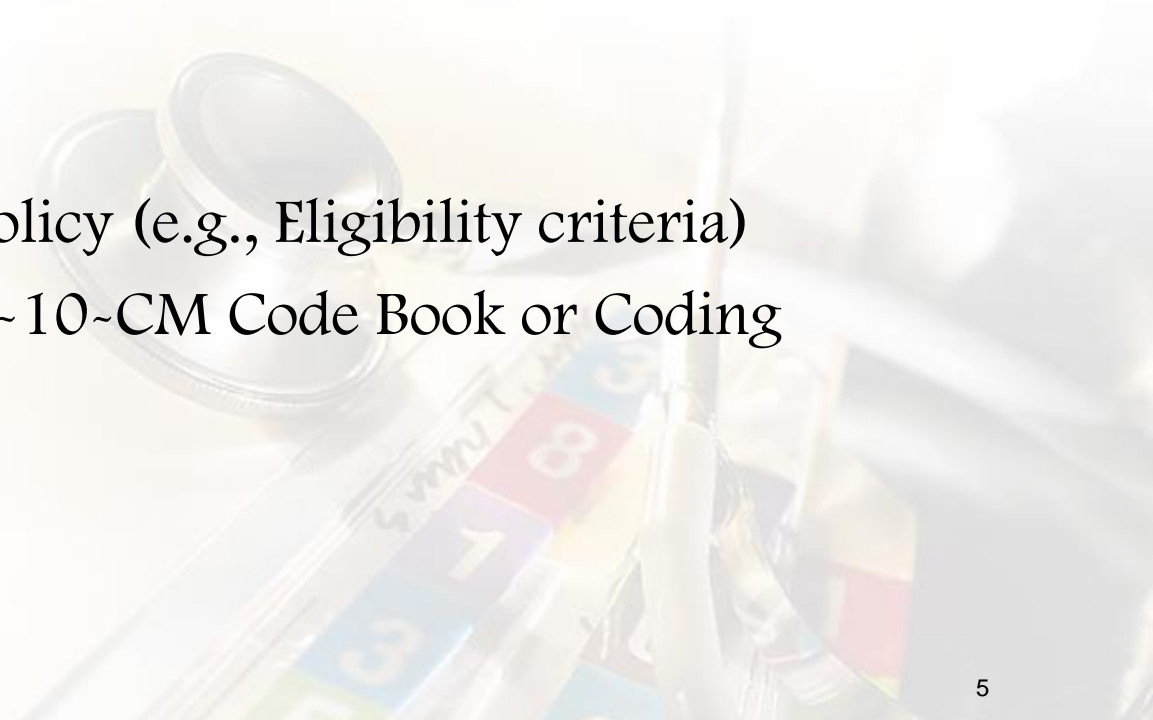


# CDSA ICD-10 Workgroup

- Workgroup composed of CDSA clinical and administrative staff was established November 2013
    - Dr. Renee Cockrell
    - Dr. Debra Byrd
    - Kathleen Currin
    - Karen Corley
    - Angel Payne
    - Catasha Williams
  - CDSA Common Diagnosis Reference List
  - Outstanding issues
- 




# CDSA Common Diagnosis Reference List

- Identifies most appropriate codes for common conditions seen in the CDSAs
    - Based on review of possible codes in ICD-10-CM Tabular List
    - GEMs used as a starting point only
    - Clinical judgement
  - Guide for CDSA staff
  - Does not replace EI policy (e.g., Eligibility criteria)
  - Does not replace ICD-10-CM Code Book or Coding Guidelines
- 



# CDSA Common Diagnosis Reference List

- Spreadsheet columns – Tab 1 (Common Diagnosis List)
    - Frequency of Diagnosis in CDSAs – Top 25
    - Diagnostic Description
    - ICD-9-CM Code
    - NCTracks Crosswalk Codes
    - ICD-10-CM Code
    - ICD-10-CM Tabular Instructions
    - Question/Comments
  - Other Spreadsheet Tabs
    - Slow Fetal Growth/Malnutrition
    - Short Gestation/Low Birth Weight
    - Hearing/Ears
    - Child Abuse/Neglect
- 



# CDSA Common Diagnosis Reference List

CDSA Common Dx Reference List v3.2 [Shared] [Compatibility Mode] - Microsoft Excel

	A	B	C	D	E	F	G	H
	Frequency of Dx in CDSAs	Diagnostic Description	ICD-9-CM Code	NCTracks Crosswalk Codes	ICD-10-CM Code	ICD-10-CM Tabular Instructions	Questions/Comments	
1								
2								
3		Abnormality in gait & mobility	781.2	R26.0, R26.1, R26.81, R26.89, R26.9	R26.9		See Category R26 in Tabular List for more detailed diagnosis and code	
4		Achondroplasia	756.4	Q77.0, Q77.1, Q77.4, Q77.5, Q77.7, Q77.8, Q77.9, Q78.4	Q77.4			
5		Amniotic band syndrome	762.8	P02.8	P02.8	<b>Includes:</b> conditions that have their origin in the fetal or perinatal period (before birth through the first 28 days after birth) even if morbidity occurs later		
6	23	Angelman syndrome	759.89	E78.71, E78.72, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.8	Q93.5			
7		Arthrogryposis	728.3	M62.3, M62.89	Q74.3			

Common Diagnosis List | Slow Fetal growth\_Malnutrition | ShortGestation\_Low Birth Wt | Hearing\_Ears | Child Abuse\_Neglect

# CDSA Common Diagnosis Reference List

CDSA Common Dx Reference List v3.2 [Shared] [Compatibility Mode] - Microsoft Excel										
<div> <div>File Home Insert Page Layout Formulas Data Review View Add-Ins</div> <div> <div>Normal Page Layout Page Break Preview Custom Views Full Screen</div> <div> Ruler Formula Bar Gridlines Headings Zoom 100% Zoom to Selection New Window Arrange All Freeze Panes Unhide View Side by Side Synchronous Scrolling Reset Window Position Window Save Workspace Switch Windows Macros </div> </div> </div>										
	A	B	C	D	E	F	G	H	I	J
	Frequency of Dx in CDSAs	Diagnostic Description	ICD-9-CM Code	NCTracks Crosswalk Codes	ICD-10-CM Code	ICD-10-CM Tabular Instructions	Questions/Comments			
37		Cortical blindness, unspecified side of brain	377.75	H47.611, H47.612, H47.619	H47.619	<b>Code also</b> underlying condition.	See Subcategory H47.61- for laterality when known			
38		Cystic fibrosis	277.02	E84.0	E84.9					
39	24	Dandy-Walker syndrome	742.3	Q03.0, Q03.1, Q03.8, Q03.9	Q03.1					
40	4	Delayed milestones (late walker; late talker)	783.42	R62.0	R62.0		Utilize this diagnosis from time of referral to time of testing. <b>MEDICAID OK with code</b>			
41	1	Developmental delay	315.8	F88	F88		F88 is "Other disorders of psychological development; Developmental agnosia". In the Index, if you look up "Delay, development, global" it sends you to F88. If the CDSAs are unable to be more specific as to the type of delay (Refer to F80 and F82 for more specific speech and motor developmental delay codes), will Medicaid accept F88? <b>MEDICAID OK with code</b>			
42	3	Developmental disorder, motor functions	315.5 or 315.4	F82	F82					



# CDSA Common Diagnosis Reference List

CDSA Common Dx Reference List v3.2 [Shared] [Compatibility Mode] - Microsoft Excel

	A	B	C	D	E	F	G	H	I	J
	Frequency of Dx in CDSAs	Diagnostic Description	ICD-9-CM Code	NCTracks Crosswalk Codes	ICD-10-CM Code	ICD-10-CM Tabular Instructions	Questions/Comments			
89	20	Intrauterine growth restriction / retardation (IUGR)	764.90	P05.9	P05.9	Includes: conditions that have their origin in the fetal or perinatal period (before birth through the first 28 days after birth) even if morbidity occurs later	REFER TO TAB "Slow Fetal Growth_Malnutrition"			
90		Lack of Coordination	781.3	R27.0, R27.8, R27.9	R27.8					
91	19	Low-birth weight					REFER TO TAB "Short Gestation_Low Birth Weight"			
92		Macrocephaly (congenital)	756.0	Q75.0, Q75.1, Q75.2, Q75.3, Q75.4, Q75.5, Q75.8, Q75.9, Q87.0	Q75.3					
93	25	Malrotation (intestine)	754.1	Q68.0	Q43.3					
94		Meningitis (bacterial), History of	320.9	G00.9, G04.2	Z86.61					
95		Metabolic disorder	277.9	NCTracks Crosswalk yields no results	TBD		Consult with Medical Staff - refer to Categories E70-E88 in code book to determine most accurate code			

Common Diagnosis List | Slow Fetal growth\_Malnutrition | ShortGestation\_Low Birth Wt | Hearing\_Ears | Child Abuse\_Neglect

# CDSA Common Diagnosis Reference List

CDSA Common Dx Reference List v3.2 [Shared] [Compatibility Mode] - Microsoft Excel

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Normal Page Layout Page Break Preview Custom Views Full Screen

Workbook Views

Ruler Formula Bar

Gridlines Headings Show

Zoom 100% Zoom to Selection

New Window Arrange All Freeze Panes Unhide

Split Hide

View Side by Side Synchronous Scrolling Reset Window Position Window

Save Workspace Switch Windows

Macros

M24

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	Information copied from ICD-10-CM Tabular List (2014 Draft Version)																												
2	Disorders of newborn related to length of gestation and fetal growth (P05-P08)																												
3	P05	Disorders of newborn related to slow fetal growth and fetal malnutrition																											
4		P05.0	Newborn light for gestational age																										
5			Newborn light-for-dates																										
6			P05.00	Newborn light for gestational age, unspecified weight																									
7			P05.01	Newborn light for gestational age, less than 500 grams																									
8			P05.02	Newborn light for gestational age, 500-749 grams																									
9			P05.03	Newborn light for gestational age, 750-999 grams																									
10			P05.04	Newborn light for gestational age, 1000-1249 grams																									
11			P05.05	Newborn light for gestational age, 1250-1499 grams																									
12			P05.06	Newborn light for gestational age, 1500-1749 grams																									
13			P05.07	Newborn light for gestational age, 1750-1999 grams																									
14			P05.08	Newborn light for gestational age, 2000-2499 grams																									
15																													
16		P05.1	Newborn small for gestational age																										
17			Newborn small-and-light-for-dates																										
18			Newborn small-for-dates																										
19			P05.10	Newborn small for gestational age, unspecified weight																									
20			P05.11	Newborn small for gestational age, less than 500 grams																									
21			P05.12	Newborn small for gestational age, 500-749 grams																									
22			P05.13	Newborn small for gestational age, 750-999 grams																									
23			P05.14	Newborn small for gestational age, 1000-1249 grams																									
24			P05.15	Newborn small for gestational age, 1250-1499 grams																									
25			P05.16	Newborn small for gestational age, 1500-1749 grams																									
26			P05.17	Newborn small for gestational age, 1750-1999 grams																									
27			P05.18	Newborn small for gestational age, 2000-2499 grams																									
28																													
29		P05.2	Newborn affected by fetal (intrauterine) malnutrition not light or small for gestational age																										
30			Infant, not light or small for gestational age, showing signs of fetal malnutrition, such as dry, peeling skin and loss of subcutaneous																										
31			Excludes1: newborn affected by fetal malnutrition with light for gestational age (P05.0-)																										
32			newborn affected by fetal malnutrition with small for gestational age (P05.1-)																										
33																													
34		P05.9	Newborn affected by slow intrauterine growth, unspecified																										
35			Newborn affected by fetal growth retardation NOS																										

Common Diagnosis List Slow Fetal growth Malnutrition ShortGestation\_Low Birth Wt Hearing\_Ears Child Abuse\_Neglect

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# CDSA Common Diagnosis Reference List

CDSA Common Dx Reference List v3.2 [Shared] [Compatibility Mode] - Microsoft Excel

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Normal Page Layout Page Break Preview Custom Views Full Screen

Workbook Views Show Ruler Formula Bar Gridlines Headings Zoom 100% Zoom to Selection New Window Arrange All Freeze Panes Unhide Split Hide View Side by Side Synchronous Scrolling Reset Window Position Window Save Workspace Switch Windows Macros

A1 fx Information copied from ICD-10-CM Tabular List (2014 Draft Version)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1	Information copied from ICD-10-CM Tabular List (2014 Draft Version)																															
2	P07	Disorders of newborn related to short gestation and low birth weight, not elsewhere classified																														
3		Note: When both birth weight and gestational age of the newborn are available, both should be coded with birthweight sequenced before gestational age																														
4		Includes: morbidity or additional care, in newborn																														
5		Exclude: low birth weight due to slow fetal growth and fetal malnutrition (P05.-)																														
6	P07.0	Extremely low birth weight newborn																														
7		Newborn birth weight 999 g. or less																														
8	P07.00	Extremely low birth weight newborn, unspecified weight																														
9	P07.01	Extremely low birth weight newborn, less than 500 grams																														
10	P07.02	Extremely low birth weight newborn, 500-749 grams																														
11	P07.03	Extremely low birth weight newborn, 750-999 grams																														
12																																
13	P07.1	Other low birth weight newborn																														
14		Newborn birth weight 1000-2499 g.																														
15	P07.10	Other low birth weight newborn, unspecified weight																														
16	P07.14	Other low birth weight newborn, 1000-1249 grams																														
17	P07.15	Other low birth weight newborn, 1250-1499 grams																														
18	P07.16	Other low birth weight newborn, 1500-1749 grams																														
19	P07.17	Other low birth weight newborn, 1750-1999 grams																														
20	P07.18	Other low birth weight newborn, 2000-2499 grams																														
21																																
22	P07.2	Extreme immaturity of newborn																														
23		Less than 28 completed weeks (less than 196 completed days) of gestation.																														
24	P07.20	Extreme immaturity of newborn, unspecified weeks of gestation																														
25		Gestational age less than 28 completed weeks NOS																														
26	P07.21	Extreme immaturity of newborn, gestational age less than 23 completed weeks																														
27		Extreme immaturity of newborn, gestational age less than 23 weeks, 0 days																														
28	P07.22	Extreme immaturity of newborn, gestational age 23 completed weeks																														
29		Extreme immaturity of newborn, gestational age 23 weeks, 0 days through 23 weeks, 6 days																														
30	P07.23	Extreme immaturity of newborn, gestational age 24 completed weeks																														
31		Extreme immaturity of newborn, gestational age 24 weeks, 0 days through 24 weeks, 6 days																														
32	P07.24	Extreme immaturity of newborn, gestational age 25 completed weeks																														
33		Extreme immaturity of newborn, gestational age 25 weeks, 0 days through 25 weeks, 6 days																														
34	P07.25	Extreme immaturity of newborn, gestational age 26 completed weeks																														
35		Extreme immaturity of newborn, gestational age 26 weeks, 0 days through 26 weeks, 6 days																														
36	P07.26	Extreme immaturity of newborn, gestational age 27 completed weeks																														
37		Extreme immaturity of newborn, gestational age 27 weeks, 0 days through 27 weeks, 6 days																														
38																																
39	P07.3	Preterm [premature] newborn [other]																														
		28 completed weeks or more but less than 37 completed weeks (196 completed days but less than																														

Common Diagnosis List Slow Fetal growth\_Malnutrition ShortGestation\_Low Birth Wt Hearing\_Ears Child Abuse\_Neglect

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# CDSA Common Diagnosis Reference List

CDSA Common Dx Reference List v3.2 [Shared] [Compatibility Mode] - Microsoft Excel

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
	Frequency	Diagnostic Description	ICD-9-CM Code	GEMS Code	ICD-10-CM Code	ICD-10-CM Comments/Instructions																			
1		(Encounter for) examination of ears & hearing without abnormal findings	V72.19	Z01.10 or Z01.118	Z01.10																				
2	15	(Encounter for) hearing examination following failed	V72.19	Z01.10 or Z01.118	Z01.110																				
3	15	(Encounter for) examination of ears & hearing with other abnormal findings	V72.19	Z01.10 or Z01.118	Z01.118	Use additional code to identify abnormal findings.																			
4	15	Hearing impairment /loss (unspecified)	389.9	H91.90	TBD	Refer to Category H90 (see below) for type of hearing loss (i.e., conductive, sensorineural). Refer to Categories H91 - H93 in code book for other types of hearing loss. Need to specify laterality.																			
5		Hearing impairment, conductive and sensorineural hearing loss				Excludes1: deaf nonspeaking NEC (H91.3); deafness NOS (H91.9-); hearing loss NOS (H91.9-); noise-induced hearing loss (H83.3-); ototoxic hearing loss (H91.0-); sudden (idiopathic) hearing loss (H91.2-)																			
6		Conductive hearing loss, bilateral	389.00	H90.2	H90.0	*****																			
7		Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side	389.00	H90.2	H90.11	** For H90.5, Unspecified sensorineural hearing loss, there is an Excludes1 note as follows: Excludes1: abnormal auditory perception (H93.2-); psychogenic deafness (F44.6)																			
8		Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side	389.00	H90.2	H90.12																				
9		Conductive hearing loss, unspecified (Includes: Conductive deafness, NOS)	389.00	H90.2	H90.2																				
10		Sensorineural hearing loss, bilateral	389.10	H90.5	H90.3																				
11		Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side	389.10	H90.5	H90.3																				

Ready



J15						fx																																														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF																				
1	Information copied from ICD-10-CM Tabular List (2014 Draft Version); adult references removed																																																			
2	T74	Adult and child abuse, neglect and other maltreatment, confirmed																																																		
3		Use additional code, if applicable, to identify any associated current injury																																																		
4		external cause code to identify perpetrator, if known (Y07.-)																																																		
5		Exclude child maltreatment, suspected (T76.-)																																																		
6		The appropriate 7th character is to be added to each code from category T74																																																		
7		A - initial encounter																																																		
8		D - subsequent encounter																																																		
9		S - sequela (codes below assume all CDSA clients will be sequela)																																																		
10																																																				
11	T74.0	Neglect or abandonment, confirmed																																																		
12		T74.02x5	Child neglect or abandonment, confirmed																																																	
13																																																				
14	T74.1	Physical abuse, confirmed																																																		
15		Excludes2: sexual abuse (T74.2.-)																																																		
16		shaken infant syndrome (T74.4)																																																		
17		T74.12x5	Child physical abuse, confirmed																																																	
18																																																				
19	T74.2	Sexual abuse, confirmed																																																		
20		Rape, confirmed																																																		
21		Sexual assault, confirmed																																																		
22		T74.22x5	Child sexual abuse, confirmed																																																	
23																																																				
24	T74.3	Psychological abuse, confirmed																																																		
25		T74.32x5	Child psychological abuse, confirmed																																																	
26																																																				
27	T74.4xx5	Shaken infant syndrome																																																		
28																																																				
29	T74.9	Unspecified maltreatment, confirmed																																																		
30		T74.92x5	Unspecified child maltreatment, confirmed																																																	
31																																																				
32	T76	Adult and child abuse, neglect and other maltreatment, suspected																																																		
33		Use additional code, if applicable, to identify any associated current injury																																																		
34		Exclude child maltreatment, confirmed (T74.-)																																																		
35		suspected child physical abuse, ruled out (Z04.72)																																																		
36		suspected child sexual abuse, ruled out (Z04.42)																																																		
37		The appropriate 7th character is to be added to each code from category T76																																																		
38		A - initial encounter																																																		
39		D - subsequent encounter																																																		
40		S - sequela																																																		
41																																																				
42	T76.0	Neglect or abandonment, suspected																																																		
43		T76.02x5	Child neglect or abandonment, suspected																																																	





# CDSA Common Diagnosis Reference List

- Reference List available in Excel format
  - <http://publichealth.nc.gov/lhd/icd10/training.htm>
- Common Diagnosis List tab
  - Alphabetical Order
  - To rearrange the spreadsheet
    - Right click on the tab
    - Select ‘Move or Copy’
    - Click ‘Create a copy’
    - Rearrange the copied spreadsheet
    - Double-click on tab to rename the spreadsheet
    - Original Common Diagnosis List in alphabetical order remains intact





# CDSA Diagnoses

- CDSA staff documentation needs to have supporting evidence to confirm a diagnosis
- Do not assign diagnoses based on referral form
  - Documentation from physician's office does not always support information on referral form





# Unit 3 – Review Questions

## True/False

1. CDSAs are required to use the CDSA Common Diagnosis Reference List
2. CDSAs may modify the structure of the CDSA Common Diagnosis Reference List
3. The CDSA Common Diagnosis Reference List was developed by a workgroup composed of clinical staff representing various CDSAs including 2 pediatricians
4. The CDSA Common Diagnosis Reference List has all of the information needed for coding diagnoses so the ICD-10-CM code book can be thrown away
5. There must be supporting evidence in the client record documentation before assigning a diagnosis



## Unit 3 ~ Coding Exercises

Use the CDSA Common Diagnosis Reference List to Code the following scenarios

#	Scenario/Diagnosis	Answer
1	18 month old boy referred to CDSA by his family with concerns about overall development. Reportedly not showing interest in toys typical for his age. He is eating well, but is a messy eater with a tendency to play in his food. He uses a few words for items he likes- “ball” and “juice”. He was described as clumsy and “heavy handed” as he likes to hit toys and objects. The family’s primary concern is with his overall development. On examination, some milestone delays are noted. Further evaluation is needed.	
2	32 month old boy referred to CDSA by DSS. Primary concern is behavior. According to mother, child is very disorganized and shows limited attention to adults and verbal instructions. He is very active during meal times and will not sit at table to eat. He is reported to frequently become aggressive when interacting with peers. Frequently uses inappropriate language and acts out adult actions he has observed.	
3	2 month old male with cleft palate involving both the soft and hard palate, with bilateral cleft lip.	
4	Service Coordinator goes out to do an intake visit (T1017HI) on a two year old referred by parent due to concerns about language. Permission to bill Medicaid along with other intake paper work completed but parent does not follow through with any additional appointments.	



## Unit 3 ~ Coding Exercises

Use the CDSA Common Diagnosis Reference List to Code the following scenarios

#	Scenario/Diagnosis	Answer
5	30-month old child referred for a developmental assessment to gain more information about developmental profile and ascertain if additional services need to be implemented to assist in achieving desired outcomes. Child has been enrolled in NC ITP for 11 months for developmental delays. Results of standardized testing found significant global developmental delays including a disordered communication profile. In addition, qualitative concerns regarding pragmatic language, social interactions, and restricted play skills were also noted. Child's profile was consistent with the diagnosis of autism.	
6	21 month old girl is referred to the CDSA by her family with concerns about language development. She was not using gestures and no use of words was observed during testing. She would vocalize to protest and request. Her comprehension appeared in the overall average range for her age. She demonstrated low muscle tone and decreased trunk stability. Previous fine and gross motor testing reported significant motor delays. Adaptive scores were within the low average range. Some oral motor weakness was also noted as well as poor lip closure when chewing. The family's primary concern is communication and would like to focus outcomes on this area. The child was seen by the EISC and an educational diagnostician. An appointment has been made with a speech therapist.	



## Unit 3 ~ Coding Exercises

Use the CDSA Common Diagnosis Reference List to Code the following scenarios

#	Scenario/Diagnosis	Answer
7	<p>Fifteen (15) month old girl referred by the pediatrician due to a concern with overall development. She was the 1080 grams (approximately 2 pounds 6 ounces) product of a twin gestation, preterm pregnancy. She, (“twin A”) was born at 27 4/7 weeks gestation via a C-section delivery to a 19 year old gravid three at Carolinas Medical Center which is located in Charlotte, NC. Prenatal complications included twin gestation, maternal cigarette use, and vaginal bleeding. The apgar scores at the time of delivery were 6 and 7 at one and five minutes, respectively. She was hospitalized in the Neonatal Intensive Care Unit from 10-10-12 through 11-26-12. Neonatal complications included prematurity, respiratory distress syndrome, apnea, anemia, and hyperbilirubinemia/jaundice. Cranial ultrasounds on 10-18-12 and 11-23-12 were ‘normal’—showing no sign of intraventricular hemorrhage or PVL/periventricular leukomalacia. She received a ‘low average’ score of 42 on a TIMPS developmental screening while in the NICU. She passed the newborn hearing assessment on 11-21-12. She has had a history of the following childhood ailments/conditions: feeding problems/’spitting’ in early infancy, upper respiratory infection, rhinitis, and rash. She was hospitalized January 2013 due to RSV/bronchiolitis. She currently has no known allergies. She is not taking any medications on a routine/daily basis at this particular time. The immunizations were not up to date as of January 2014.</p>	





## Unit 3 ~ Coding Exercises

Use the CDSA Common Diagnosis Reference List to Code the following scenarios

#	Scenario/Diagnosis	Answer
8	Twenty one (21) month old male referred due to a speech/language delay. He was the 7 pounds product of a term pregnancy, born via a vaginal delivery. Prenatal complications included an elevation in maternal blood pressure. No significant neonatal complications were reported. Child has a history of the following childhood ailments/conditions: ear infections, upper respiratory infection, 'asthma', and weight loss. Child currently has no known allergies. He has been prescribed the medication albuterol for management of wheezing/'asthma' symptoms. The immunizations are currently up to date.	
9	26 month old male was referred by his mother with concerns about delayed language development. He was born at 34 weeks' gestation weighing 1600 grams (small for gestational age). He has been healthy child except for recurrent ear infections requiring tube placement at 14 months of age. Mrs. B reported that the doctor has prescribed PediaSure to improve his weight gain, which has been "borderline" his whole life. No medical records were available for review on the date of evaluation. Developmental testing results were age-appropriate in all domains, including low-average communication skills.	





## Unit 3 ~ Coding Exercises

Use the CDSA Common Diagnosis Reference List to Code the following scenarios

#	Scenario/Diagnosis	Answer
10	<p><b>1 yr/7mons Eligibility: Established Condition (Prematurity, Cerebral Palsy) Medical Information:</b> According to the records obtained from The Children's Clinic, child was born at 26 weeks and has had trouble eating and gaining weight since birth. She received a feeding tube at 10 mons of age. She has been followed by The Feeding Clinic since then and recently, the recommendation has been made for her to begin to try some soft foods by spoon. Child has a shunt because of hydrocephalus. She was also without oxygen for a period of time at birth. Child was diagnosed with spastic quadriplegia by The Children's Clinic. Child passed her newborn hearing screen and her eyes are being monitored because of the prematurity, but thus far, her medical team does not have any concerns for vision and hearing. Child does not move very much on her own. The family sees that she wants to be with them and would like her to be more independent in getting around. Child screams, cries, and can make a few sounds. It seems like they are purposeful but it's hard to know what she wants. The family wants help with ways to help her communicate. Child is up frequently at night. The family would like to get some respite so that they can get caught up on their sleep. Parents would like to go back to work but need a childcare provider who can adequately care for child's needs and who they can be comfortable with. Because of the diagnoses of prematurity and cerebral palsy confirmed through medical records, Child meets eligibility criteria based on established condition(s). The following information demonstrates how the diagnosis adversely affects her development.</p>	



## Unit 3 ~ Coding Exercises

Use the CDSA Common Diagnosis Reference List to Code the following scenarios

#	Scenario/Diagnosis	Answer
11	Child is a 25-day-old referred to the CDSA for seizures and hypoxic ischemic encephalopathy. He was a product of a term gestation delivered vaginally. PT evaluated him during the hospital stay and he was discharged with normal tone and state of consciousness. He went home feeding on maternal breast milk and Enfamil 20 kcal/ounce. He has fed well with no concerns and takes 2-3 ounces per feeding every 3 hours. There are no problems with sleep patterns; he slept for 4 hours during the night last night. He has been well, takes no medications, and is growing well. Child's developmental skills are testing at the average levels for his age but his motor patterns are demonstrating hypertonicity in the lower extremities which could interfere with future acquisition of motor skills.	
12	Two (2) year old male referred due to hearing loss. History indicates he was the 7 pounds 9 ounces product of a term pregnancy, born at 39 4/7 weeks gestation via a vaginal delivery. Prenatal complications included maternal preeclampsia. Neonatal complications included fever which was treated with intravenous antibiotics over 48 hours. He received a 'refer' result on the newborn hearing assessment; however no information on follow-up at that time is available. A hearing assessment completed via the BAER method on 11-21-13 revealed 'sensorineural hearing loss severe/profound' of the left ear; 'sensorineural hearing loss severe' of the right ear. It was indicated at that time that he was referred to Beginnings, a genetics specialist, and the CDSA for further assessment/evaluation, support, and services.	



## Unit 3 ~ Coding Exercises

Use the CDSA Common Diagnosis Reference List to Code the following scenarios

#	Scenario/Diagnosis	Answer
13	6-month old male initially seen last week for delays in motor functions. During the assessment, multiple bruises on buttocks and external genitalia were identified. DSS was contacted for suspected child abuse, physical & sexual. The mother and child are seen today in follow-up to the suspected abuse. The mother confirms that the biological father has been physically abusing the child.	
14	A four-month-old is referred by the pediatrician with concerns about developmental delays and a suspected diagnosis of neurofibromatosis. The pediatrician had observed café au lait spots on the child's skin and referred to a neurologist for the final diagnosis. The mother states that she has NF and the maternal grandmother does as well. At the time of the eligibility evaluation the mother stated that the child was recently seen by the neurologist and diagnosed with neurofibromatosis. However the CDSA do still not have records to document the diagnosis. Results of the evaluation indicated that infant has significant delays in cognitive and gross motor skills. A physical examination was not completed at the eligibility evaluation.	



# Questions/CEU Information

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Submit Questions to:

Qiudi.Wang@dhhs.nc.gov

Information for CEUs

<http://publichealth.nc.gov/lhd/icd10/training.htm>

